

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 7

For Official Use Only

Statement covers period  
from October 17, 2004  
through October 26, 2004

Date of election if applicable:  
(Month, Day, Year)  
November 2, 2004

Date Stamp  
RECEIVED  
CITY OF MOUNTAIN VIEW  
OCT 28 10:02

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1246973

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Elect Nick Galiotto to Council Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Mountain View CA 94041

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE  
Mountain View CA 94042

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Rebecca J. Galiotto

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Mountain View CA 94042

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/04  
Date

Executed on 10/27/04  
Date

Executed on  
Date

Executed on  
Date

By Rebecca J. Galiotto  
Signature of Treasurer or Assistant Treasurer

By N. Galiotto  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Nick Galiotto

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Councilmember/City of Mountain View

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Mountain View CA 94041

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 17, 2004</u> through <u>October 26, 2004</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>7</u> I.D. NUMBER 1246973
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Galiotto/Elect Nick Galiotto to Council Committee

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 745.00	\$ 11871.92
2. Loans Received .....	Schedule B, Line 3	0	3000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 745.00	\$ 14871.92
4. Nonmonetary Contributions .....	Schedule C, Line 3	0	62.50
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 745.00	\$ 14934.42

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 2618.00	\$ 10975.80
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 2618.00	\$ 10975.80
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	2247.08	2284.08
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 4865.08	\$ 13259.88

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 5787.98
13. Cash Receipts .....	Column A, Line 3 above	745.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	2618.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3914.98

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 5284.08

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 17, 2004</u> through <u>October 26, 2004</u>	CALIFORNIA FORM <b>460</b> Page <u>4</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Galiotto/Elect Nick Galiotto to Council Committee

I.D. NUMBER

1246973

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/04	Modern Barber Shop Mountain View, CA 94043	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
10/21/04	Greenbriar Homes Communities, Inc. Fremont, CA 94539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00		
10/23/04	Castro Ventures - Mt. View Mountain View, CA 94041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
10/26/04	SEIU Local 715 PAC San Jose, CA 95131 ID # 782-248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRIBUTION RETURNED 10/26/04 (NOT DEPOSITED)	0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 499.00

## Schedule A Summary

\$50

1. Amount received this period – contributions of ~~\$400~~ or more.

(Include all Schedule A subtotals.) ..... \$ 499.00

2. Amount received this period – unitemized contributions of less than ~~\$400~~ ..... \$ 246.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 745.00

### \*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from October 17, 2004  
through October 26, 2004

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Galiotto/Elect Nick Galiotto to Council Committee

I.D. NUMBER

1246973

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Nicholas B. Galiotto Mountain View, CA 94041  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember City of Mountain View	\$ 3000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 3000.00  DATE DUE	% RATE \$ 0.00	\$ 3000.00  8/5/04 DATE INCURRED	CALENDAR YEAR \$ 3000.00 PER ELECTION** \$	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$	
<b>SUBTOTALS \$</b>						0.00 \$	0.00 \$	3000.00 \$	0.00

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period..... \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>October 17, 2004</u> through <u>October 26, 2004</u>		SCHEDULEE CALIFORNIA FORM <b>460</b>
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NAME OF FILER  Nick Galiotto/Elect Nick Galiotto to Council Committee		I.D. NUMBER  1246973

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing San Jose, CA 95112	LIT		2558.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 2558.00

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	2558.00
2. Unitemized payments made this period of under \$100	\$	60.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	2618.00

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>October 17, 2004</u> through <u>October 26, 2004</u>		CALIFORNIA FORM <b>460</b>
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NAME OF FILER  Nick Galiotto/Elect Nick Galiotto to Council Committee		I.D. NUMBER 1246973

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AT&T Universal Card (Master card) The Lakes, NV 88901-6414 Mtn. View Voice Ad (\$727.90) PRT Office Depot (\$50.66) LIT		37.00	778.56	0.00	815.56
Pacific Printing PRT San Jose, CA 95112		0.00	1468.52	0.00	1468.52
<b>SUBTOTALS \$</b>		37.00 \$	2247.08 \$	0.00 \$	2284.08

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 2247.08
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 2247.08  
May be a negative number